

Statement of Owners, Officers, and Directors of a Premium Finance Company

When complete, return to: Office of Financial & Insurance Services
Insurance Division
P.O. Box 30220
Lansing, MI 48909-7720

Complete a statement for each owner, partner, officer, director, or individual stockholder that owns or controls 10% or more of the issued and outstanding stock of the premium finance company.

STATEMENT OF INDIVIDUAL:

Name: _____

Address (Residence): _____

Relationship to Premium Finance Company:

☐ Sole Owner or Partner

☐ Stockholder

Percentage of Ownership _____

☐ Officer

☐ Director

Name of Office Held, if Applicable: _____

Individual's Primary Occupation,
if Different Than Above: _____

1. Has any state or federal agency taken any compliance action (suspension, revocation, denial or other) against a securities, insurance or other professional license applied for or held by this individual?

☐ Yes ☐ No

2. Has this individual ever been convicted of a misdemeanor or felony other than minor traffic violations?

☐ Yes ☐ No

3. Has this individual ever been placed in voluntary or involuntary bankruptcy, receivership, trusteeship, conservatorship or entered into a compact among creditors?

☐ Yes ☐ No

CERTIFICATION:

I certify that the information in this statement and attachments are true and complete.

Signature of Person Named in this Statement

Date Signed

PA 352 of 1968 requires submission of this form. Failure to complete and submit this form could result in denial of your application for licensure.

This form is available from our website at: <http://cis.state.mi.us/ofis>

Our toll free telephone number is: 1-877-999-6442

